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Country programme document

Uganda

Summary

The country programme document (CPD) for Uganda is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $112,284,000 from regular resources, subject to the availability of funds, and $203,865,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 through 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2015.

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Programme rationale

1. Uganda made significant economic progress between 1992 and 2011, with an average annual growth rate in gross domestic product (GDP) of 7 per cent.[1] While GDP growth slowed to 3.4 per cent in 2012, it is showing signs of recovery, reaching 6 per cent in 2013.[2] Children make up 57 per cent of the population of 34.9 million. Despite the progress made in reducing income poverty, more than 55 per cent of children aged 0-4 years are classified as deprived, and 24 per cent[3] as extremely deprived in at least two of the seven dimensions.[4]

2. Noteworthy progress has been made in reducing child mortality. The under-five mortality rate fell from 152 to 90 deaths per 1,000 live births between 2000/2001 and 2011,[5] against the Millennium Development Goal target of 56 per 1,000 live births by end- 2015. Progress was made against other targets of the Millennium Development Goals: The infant mortality rate declined from 88 to 54 deaths per 1,000 live births over the same period against the target of 41 per 1,000 live births.[6] Neonatal mortality rate dropped only marginally, from 33 to 27 per 1,000 live births[7] (against the target of 23). There was no progress in the maternal mortality ratio — which rose from 435 to 438 deaths per 100,000 live births,[8] against the target of 131 per 100,000 live births by 2015. Immunization rates are low, with only 52 per cent of children fully immunized.[9]

3. There has been some progress in nutrition indicators: stunting rates declined slightly, from 38 per cent to 33 per cent between 2006 and 2011; wasting decreased from 6 per cent to 5 per cent; and underweight from 16 per cent to 14 per cent. The rate of exclusive breastfeeding at 6 months stands at 63 per cent.[10] More than a third (38 per cent) of children under five displayed vitamin A deficiency, as did 36 per cent of women aged 15-49 years.[11] Anaemia affects 49 per cent of children aged 6-59 months and 23 per cent of women of childbearing age.[12]

4. The underlying contributors to maternal, neonatal and child morbidity and mortality and undernutrition include insufficient coverage of high-impact interventions along the continuum of care, mainly due to inadequate financial and human resource allocations; inadequate supply of essential commodities; issues in

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[1] African Development Bank, Organisation for Economic Co-operation and Development, United Nations Development Programme, United Nations Economic Commission for Africa. http://www.worldbank.org/en/country/uganda/overview and the 2013 African Economic Outlook.

[2] World Bank data <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/countries/UG?display=graph> (accessed 11 February 2015).

[3] Ministry of Gender, Labour and Social Development, UNICEF and Economic Policy Research Center of Uganda, *Situation Analysis of Child Poverty and Deprivation in Uganda 2014*.

[4] Areas of deprivation: a. nutrition, b. health, c. water. d. sanitation, e. shelter, f. education and g. information.

[5] Uganda Demographic and Health Survey (UDHS) 2011.

[6] Ibid.

[7] Ibid.

[8] Ibid.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] Ibid.

quality of care and low uptake of services; and gaps in knowledge of appropriate childcare practices.

5. HIV is the second leading cause of death among adolescents, claiming 300 lives every day, and 6,300 in Uganda in 2012.[13] Children below 15 years of age account for 176,948 (11 per cent) of the estimated 1,618,233 persons living with HIV in Uganda.[14] With the rollout of Option B+,[15] the first polymerase chain reaction positivity rates[16] declined from 8.7 per cent in 2012 to 5.3 per cent in 2014. Two thirds of all new HIV cases in 2012 were among adolescent girls.

6. Access to improved sources of drinking water increased from 67 per cent of households in 2006 to 70 per cent in 2011 (urban: 90.6 per cent, and rural: 65.6 per cent).[17] Regarding sanitation, 16.4 per cent of households use improved toilet facilities that are not shared (urban: 20.9 per cent, and rural: 15.3 per cent).[18] The rate of open defecation stands at 9.7 per cent.[19] Access to safe water and sanitation is constrained by declining sector funding and weak coordination capacity at the district level, insufficient investment in maintenance of facilities, and beliefs and social norms that do not contribute to optimal water, hygiene and sanitation-related behaviours.

7. Data for early childhood development (ECD) services for children aged 0-3 years is not available. The net attendance ratio for pre-primary education is 23 per cent for boys and 24 per cent for girls.[20] Major constraints to the uptake of ECD services include: low national access, with a distribution skewed towards urban areas, few trained teachers, and lack of clarity around appropriate curricula for and limited awareness of ECD.

8. In primary education, the net attendance rate is 81 per cent — equal for boys and girls.[21] Approximately, 8 per cent of children of school-going age (6-12 years) have never enrolled in school.[22] In 2011, the primary school completion rate was 32 per cent and 663,000 children were out of school.[23] While the gender gap in primary school has been successfully closed, girls from the least wealthy households have a low rate of transition to secondary school due to poverty and negative social norms. Only 9 per cent of 2.5 million children with disabilities were enrolled in pre-primary, primary or secondary schools over the 2009-2011 period. Major bottlenecks include a shortage of qualified teachers, inadequate infrastructure, scarcity of learning materials, and inadequate provision for children with special learning needs.

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[13] UNICEF, *Towards an AIDS-free Generation: Children and AIDS: Sixth Stocktaking Report* (2013).

[14] Uganda, *HIV and AIDS Country Progress Report, 2013.*

[15] Option B+ refers to lifelong antiretroviral treatment offered to pregnant and breastfeeding women living with HIV.

[16] PCR positivity rate is based on the first HIV test for children (6–8 weeks after birth) born to mothers living with HIV.

[17] UDHS 2011.

[18] Ibid.

[19] Ibid.

[20] Ibid.

[21] Ibid.

[22] Education Management Information System, 2014.

[23] Uganda, UNICEF, ERIKS, Save the Children, UNHCR, Stromme Foundation, *Out of School Children Study in Uganda* (March 2014).

9. Violence against children remains a key child protection concern in Uganda. Studies show that about 40 per cent of children report experiencing violence at home, and 32 per cent at school.[24] In 2011, 49 per cent of women aged 20-49 years reported getting married before the age of 18 years, and 15 per cent reported being married by the age of 15 years.[25] At 24 per cent, the teenage pregnancy rate[26] is among the highest in Africa. Although female genital mutilation/cutting is practised among only 1.4 per cent[27] of the female population in Uganda, it affects over 90 per cent of women in the practising communities.

10. Approximately, 2.4 million children are engaged in exploitative labour — 1.7 million below 14 years of age.[28] Children with disabilities represent approximately 13 per cent of the child population and are among the most disadvantaged groups in society. Gaps in the child protection system include weak preventive and protective measures and very limited capacity to effectively protect children.

11. Only 30 per cent of children are registered at birth.[29] Between July 2013 and July 2014, 580,403 children under the age of five were registered using the Mobile Vital Registration System, contributing to an estimated increase of birth registration for children under five from 42.1 per cent to 53.5 per cent.

12. Since the outbreak of violence in South Sudan in December 2013, more than 125,000 refugees have arrived in Uganda, bringing the total number of refugees to over 400,000 as of December 2014. In addition, rapid onset disasters, including floods, landslides and disease outbreaks, continue to affect the Eastern, Northern and Western parts of the country and pose a national challenge. The country is also responding to child survival and development challenges in the Karamoja subregion, which is particularly vulnerable to climatic and conflict-related shocks.

13. The following considerations and lessons[30] from the previous programme of cooperation informed the design of the 2016-2020 country programme:

(a) Decentralization. Service delivery in Uganda is largely decentralized. Existing capacity gaps and quality issues have been exacerbated further by the increase in the number of districts from 44 districts in 1997, when the Local Governments Act (LGA) was enacted, to 112 in 2013;

(b) Government capacity. While Government capacity is relatively strong in policy and planning, it is less so in implementation. This creates a rationale for UNICEF to continue policy engagement and strengthen use of evidence-based advocacy for increased investment in children, while providing targeted technical support to address implementation bottlenecks using innovative approaches;

(c) Learning from the past. Countrywide, conventional approaches to addressing vulnerability were found to be inadequate in breaking the cycle of

[24] Walakira E., and Nyanzi D., "Violence against Children in Uganda: A Decade of Research and Practice 2002-2012".
[25] UDHS 2011.
[26] UDHS 2011.
[27] Ibid.
[28] Uganda Bureau of Statistics Survey, 2013.
[29] UDHS 2011.
[30] From the 2012 midterm review of the country programme.

dependency on humanitarian support. UNICEF will continue to invest in strengthening local capacity to integrate resilience in all programmes.

Programme priorities and partnerships

14. The Government of Uganda and the United Nations Country Team have agreed to adopt the Delivering as One modality in Uganda. The country programme will contribute to the Human Capital and Governance pillars of the United Nations Development Assistance Framework, 2016-2020, with the goal of supporting the second National Development Plan to progressively realize children's rights within the framework of the Convention on the Rights of the Child and other international commitments. To achieve this goal, the country programme will use a mix of strategies, including:

(a) evidence-based advocacy and technical support to promote rights-based, equity-focused policies, laws and budgets for children;

(b) capacity development to strengthen national institutions and systems with a view to improving the coverage, quality and sustainability of basic services, with a focus on marginalized and disadvantaged children;

(c) evidence-based communication to promote social and behavioural change to support the realization of child rights;

(d) strengthening of national capacity in monitoring and evaluation, including decentralized evidence-based planning and monitoring, and the tracking and mapping of child poverty and disparities;

(e) strategic partnerships for children, including with Parliamentarians, academia, faith-based and civil society organizations;

(f) promotion of child and youth participation in decision-making processes that affect their lives;

(g) promotion of innovations, including those based on mobile information and communication technology to increase the effectiveness and efficiency of programme results.

15. The life cycle approach will be used to ensure that children's needs are addressed at each stage of their development. The cross-sectoral areas of **early childhood development and adolescent development and participation** will be strengthened, with a focus on adolescent girls. Evidence-based advocacy and technical support will be used to increase access to quality integrated early childhood development services for the most vulnerable and disadvantaged children.

16. The country programme will ensure the mainstreaming of risk-informed **emergency preparedness and response** in all UNICEF-supported programme areas, in line with the Core Commitments for Children in Humanitarian Action. UNICEF will support inclusive, environmentally sustainable, country-led resilience programming. **Peacebuilding and conflict prevention** skills development will be integrated into the basic education and adolescent development programme.

17. The country programme will comprise three sectoral components, described below.

Child survival and development: *Keeping children alive and thriving*

18. UNICEF aims to contribute to the health sector development goals as articulated in the Uganda second National Development Plan 2016-2020 and the United Nations Development Assistance Framework (UNDAF) result to strengthen national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics. The programme will be implemented in the following four strategic areas:

(a) Reproductive, maternal, neonatal and child health;

(b) HIV and AIDS and adolescent health;

(c) Nutrition;

(d) Water, sanitation and hygiene (WASH).

Reproductive, maternal, neonatal and child health (RMNCH)

19. This component will focus on supporting implementation of Committing to Child Survival: A Promise Renewed and other mortality reduction initiatives as defined in the RMNCH Sharpened Plan of the Government (2014-2017). The programme will contribute to improvements in coverage, quality and sustainability of proven high-impact maternal, neonatal and child health interventions, focusing on integrated approaches over the continuum of care, from pre-pregnancy to childhood. The programme will prioritize support for the following areas: application of national standards for newborn care and service delivery in health facilities; development, evaluation and scaling-up of proven models for community-based newborn care linked to improved facility-based services; institutionalization of training tools for the management of neonatal and childhood illness;[31] adaptation and rollout of the WHO/UNICEF Care for Child Development training package to equip health workers and caregivers with the competencies needed for cognitive stimulation and social support to young children; innovative and evidence-based advocacy to leverage resources to extend coverage of Integrated Community Case Management countrywide; revision and rollout of the national Community Health Worker strategy; and the Expanded Programme on Immunization to sustain recent gains and reach the unreached. The programme will support the implementation of a nationwide decentralized planning and real-time monitoring system linked to existing mobile technologies, such as the award-winning U-report.[32]

HIV and AIDS and adolescent health

20. This component will work within the framework of the Joint United Nations Programme on HIV/AIDS and in collaboration with other partners to strengthen the capacity of national institutions in the implementation of a comprehensive HIV and AIDS response, including maternal and paediatric interventions to support elimination of vertical transmission of HIV, adolescent programmes, and paediatric tuberculosis diagnosis and treatment for HIV-associated tuberculosis in children. To

[31] Integrated Management of Neonatal and Childhood Illness.

[32] U-report is an SMS-based platform that enables citizens to report on issues affecting their lives and communities as well as to obtain real-time information and feedback on new initiatives or campaigns.

address programming gaps in adolescent health, including gaps in the national response to HIV and AIDS prevention, care and treatment, the programme will strengthen evidence-based advocacy, provide technical support to mainstream adolescent health services and promote comprehensive school health services and the use of existing UNICEF-supported innovation platforms of e-health.

Nutrition

21. This component aims to increase the coverage, quality, utilization and sustainability of proven high-impact child nutrition interventions, and to influence the scale-up of nutrition-sensitive interventions, with a focus on the first 1,000 days of life of a child. To achieve this, UNICEF will work with partners to strengthen the national capacity to plan, coordinate, implement and monitor the Uganda Nutrition Action Plan (2010-2015), which is consistent with the country commitment to the Scaling Up Nutrition movement.

Water, sanitation and hygiene promotion

22. This component aims to increase access to sanitation by scaling up Community-Led Total Sanitation; ensure sustainable rural WASH services in underserved areas, including of water and sanitation facilities in schools and health centres, with a focus on strengthening district capacity to ensure adequate WASH provision and maintenance; strengthen national capacity in community resilience-building and emergency preparedness and response; and strengthen local government capacity for monitoring and reporting. The programme will promote public-private partnerships to scale up improved sanitation technologies.

Basic education and adolescent development: *Keeping children learning*

23. To improve learning and skills development in the country, UNICEF will contribute to national priorities as articulated in Uganda second National Development Plan (2016-2020) and the UNDAF result in ensuring an effective, efficient and well-resourced formal and non-formal quality education system that is accessible, inclusive and relevant. This programme will be implemented in three strategic areas:

(a) Early childhood development (ECD);

(b) Quality of basic education;

(c) Adolescent development, with a special focus on adolescent girls.

Early childhood development

24. This component aims to increase access and coverage of integrated ECD services that meet national standards, focusing on the most disadvantaged groups. UNICEF will support national capacity to create an enabling policy environment, support intersectoral coordination at all levels and planning and monitoring, promote community-based ECD interventions, including evidence-based communication strategies to improve parenting skills.

Quality of basic education

25. Guided by national Basic Requirements and Minimum Standards,[33] and with UNICEF support, this component aims to enhance teacher effectiveness, strengthen school management, assessment and monitoring of learning outcomes, address issues of violence in schools, promote peacebuilding and conflict-sensitive education, and address cultural and social attitudes that are not conducive to inclusive, quality, conflict-sensitive learning. Learning opportunities for children with disabilities will be created using innovative and proven inclusive education approaches.

Adolescent development

26. This component will support the development and implementation of an evidence-based national programme for the empowerment of adolescent girls by improving their completion of primary education and transition to secondary school; increasing their access to and utilization of adolescent-responsive prevention services in health, and HIV and AIDS prevention, care and treatment services; protecting them from violence and harmful traditional practices such as child marriage; and equipping them with vital information and life-skills information that is gender sensitive in order to reduce their vulnerability to HIV and AIDS, teenage pregnancy, substance abuse and violence.

Child protection: *Keeping children safe*

27. UNICEF will contribute to national priorities and to UNDAF results to establish a comprehensive and functional national and subnational system aiming to prevent gender-based violence and violence against children and deliver quality and equitable response services to survivors and victims. The programme will be implemented in three strategic areas:

(a) Child protection system;

(b) Justice for children;

(c) Birth registration.

Child protection system

28. UNICEF will support: the development of a national child protection policy and planning framework to guide and harmonize actions related to the amended Child Act; development of national standards and guidelines for prevention, early intervention and case management; development and evaluation of costed models of effective community-based prevention and response systems; consolidation and expansion of Child Helpline to become the main system for identification and referral of cases of victims of violence; development of an evidence-based national communication strategy to address social norms that uphold harmful practices; implementation of a structured approach to capacity development of the social welfare workforce; and development of a Management Information System on violence against children.

[33] The approach is based on the core tenets of Child-Friendly Schools.

Justice for children

29. This component will build on the results achieved in mainstreaming justice for children into the national agenda of the Justice, Law and Order sector to promote access to child- and gender-sensitive equitable and rights-based justice services. UNICEF will support strengthening the capacity of the sector's institutions and work with them to standardize systems for child-friendly legal aid for children in contact with the law, and advocate with the Government of Uganda for ratification and implementation of international laws and treaties.

Birth registration

30. This component will support the Uganda Registration Service Bureau to develop and implement a comprehensive Birth and Death Registration Policy that will provide the necessary framework for universal, continuous and free birth registration of all children.

Cross-sectoral programme

31. This programme will be implemented in the following strategic areas:

(a) Social policy and advocacy;

(b) Strategic communication and partnerships;

(c) Coordination, planning, and monitoring.

Social policy and advocacy

32. This component will promote equity-sensitive and child-friendly policies, programmes and budget allocations based on evidence and strengthened oversight. UNICEF will contribute to ensuring that national policies and interventions for children promote equity, have a sound empirical base and are in compliance with the Convention on the Rights of the Child. UNICEF will advocate for and provide technical support to ensure that the national social protection framework and programme plans of interventions are child- HIV- and gender- sensitive and address child poverty and vulnerability. Through child poverty mapping and equity analysis, the programme will advocate for the poorest and most vulnerable children and adolescents to be reached by social services such as nutrition and ECD programmes.

Strategic communication and partnerships

33. This component aims to promote the use of innovative and participatory approaches and partnerships to increase public awareness and understanding of child rights in Uganda; create a social movement to position children at the centre of the national development agenda; and promote positive individual behaviour and social change. The approaches include public advocacy, civic engagement, communication for development and developing and strengthening private sector partnerships.

Coordination, planning and monitoring

34. This component will focus on providing oversight and ensuring effective planning, management, implementation and monitoring of the country programme. The country programme will be coordinated as part of the UNDAF by the Ministry

of Finance and will be implemented in cooperation with the Government of Uganda and other national and international development partners.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival and development	46 036	108 050	154 086
Basic education and adolescent development	19 088	50 966	70 054
Child protection	14 597	22 425	37 022
Cross-sectoral[34]	32 563	22 424	54 987
Total	**112 284**	**203 865**	**316 149**

Programme and risk management

35. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

36. In coordination with the Government, UNICEF will work with other major partners including United Nations agencies, guided by the UNDAF: bilateral and multilateral development partners; international and national non-governmental organizations; faith-based organizations and civil society organizations; human rights groups and youth associations; media; the private sector; and other national and subnational communication forums for raising awareness on child rights.

37. UNICEF will continue to strengthen procedures to manage and mitigate risks in the programme environment. Management of the harmonized approach to cash transfers will be strengthened as a way to respond to major risks in programme implementation. The capacity of technical staff will be enhanced to strengthen accountability for results. Zonal offices will facilitate engagement with a range of Government and non-governmental partners, share timely information on risks and opportunities, and provide technical and management support to Government counterparts.

Monitoring and evaluation

38. Progress toward the country programme results will be monitored using the indicators contained in the Results and Resources Framework (see annex), based upon the UNDAF results matrix and the Integrated Monitoring and Evaluation Plan. Regular reviews will be conducted to assess progress made and to take corrective measures, as appropriate. Independent programme evaluations will be co-managed

[34] The cross-sectoral component includes: social policy and advocacy, strategic communication and partnerships; and coordination, planning and monitoring.

with relevant Government departments following United Nations evaluation norms and standards and guidelines of the Development Assistance Committee (Organisation for Economic Co-operation and Development). UNICEF will work with other agencies to strengthen the capacity of national institutions in monitoring progress toward national and international goals and to track inequities. Programme performance monitoring using the UNICEF Monitoring Results for Equity System will be emphasized in the relevant sectors.

Annex

Results and resources framework

Uganda-UNICEF country programme of cooperation, 2016-2020

(See list of acronyms at end of annex.)

Convention on the Rights of the Child: Rights to survival and health (articles 6 (2), 24 and 25); to education (articles 28 and 29) to special protection, to a family environment, to alternative care; to identity – birth registration; to not be subjected to torture or other cruel, inhuman or degrading treatment or punishment, including corporal punishment; to participation; to information (articles 4, 11, 13–22, 32–41).

National priorities: Uganda Vision 2040; National Development Plan 2016–2020, Priority 7, entitled Human Capital Development; Priority 8, entitled Competitiveness (Governance); and Sector Development Plans: Reproductive, Maternal, Newborn and Child Health Sharpened Plan; National Nutrition Plan; National Strategic Plan for HIV and AIDS, Sector Plan for WASH; Health Sector Development Plan; Education Sector Development Plan.

Sustainable Development Goals: Goal 1. End poverty in all its forms everywhere; Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture; Goal 3. Ensure healthy lives and promote well-being for all at all ages; Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; Goal 5. Achieve gender equality and empower all women and girls; Goal 6. Ensure availability and sustainable management of water and sanitation for all; Goal 10. Reduce inequality within and among countries; Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable; Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

UNDAF outcomes involving UNICEF:

Outcome 1.1. Rule of Law and Constitutional Democracy. By end-2020, rule of law, separation of powers and constitutional democracy are entrenched in Uganda and all individuals are treated equally under the law and have equitable access to justice; Outcome 1.2. Human Rights and Gender Equality. By end 2020, gender equality and human rights of all people in Uganda are promoted, protected and fulfilled; Outcome 1.3. Institutional Development. Transparency and Accountability. By end 2020, targeted public institutions and public–private partnerships are fully functional at all levels, inclusive, resourced, performance-oriented, innovative and evidence-seeking supported by a strategic evaluation function; and with Uganda's citizenry enforcing a culture of mutual accountability, transparency and integrity; Outcome 1.4. Peace, Security and Resilience. By end 2020, a resilient Uganda enjoys sustained peace and security and is free of all forms of discrimination and violence; Outcome 2.1. Learning and Skills Development. An effective and efficient well-resourced formal and non-formal quality education system that is accessible, inclusive, relevant, appropriate, equitable, and produces knowledgeable, highly skilled, competitive and innovative graduates relevant to the job market demand and emerging national development needs; Outcome 2.2: Health. Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics; Outcome 2.3. Social Protection. By end 2020, a Government-led comprehensive social protection system that is well coordinated, sustainably financed, targeted, HIV and AIDS- gender- and child-sensitive reducing exclusion and discrimination, as well as promoting empowerment and resilience of the vulnerable populations; Outcome 2.4. Gender-based Violence (GBV) and Violence Against Children. By end 2020, a comprehensive and functional national and subnational system that prevents GBV and violence against children and delivers quality and equitable response services to survivors and

victims; Outcome 2.5. HIV and AIDS Response. By end 2020, a multi-sectoral HIV and AIDS response that is gender-responsive, well-coordinated, effective, efficient and sustainably financed to reduce socio-economic impact.

Outcome indicators measuring change that includes UNICEF contribution. Outcome indicators are taken from UNDAF outcome indicators (see matrix below).

Related outcomes of the UNICEF Strategic Plan, 2014-2017: The country programme will contribute to all seven outcomes of the UNICEF Strategic Plan:

Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to adolescence and promotion of healthy behaviours; Outcome 2. HIV and AIDS. Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents; Outcome 3. Water, sanitation and hygiene. Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices; Outcome 4. Nutrition. Improved and equitable use of nutritional support and improved nutrition and care practices; Outcome 5. Education. Improved learning outcomes and equitable and inclusive education; Outcome 6. Child protection. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children; Outcome 7. Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)*	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome *(in thousands of United States dollars)*		
					RR	OR	TOTAL
1. Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics	Proportion of women attending 4+ antenatal care visits (disaggregated by maternal age and gestational stage/trimester) **B:** 39% **T:** 90%	UDHS/HMIS	*Reproductive, maternal, newborn and child health* **Output 1.1.** By 2020, strengthened national capacity to scale up and sustain the provision of quality high-impact maternal, neonatal, child and adolescent health interventions, focusing on integrated and innovative approaches to reach the unreached.	Ministry of Health UN Bilateral and Multilateral Bilateral and Multilateral Development Partners Non-Governmental Organizations Faith-based Organizations	**46 036**	**108 050**	**154 086**
	Proportion of births attended by skilled health personnel **B:** 58% **T:** 70%	UDHS/HMIS					
	Proportion of mothers and babies receiving postnatal check-ups within 6 hours **B:** 33% (mothers); 11% (babies) **T:** 70% (mothers); 70% (babies)	UDHS/HMIS					
	Proportion of severe neonatal infections managed according to national standards **B:** n/a **T:** 80% (by region/district)	UDHS/HMIS					

* For all indicators, where possible, data will be disaggregated by region and district, thus allowing the tracking of disparities.

	Baseline to be collected as part of the Service Availability and Readiness Assessment (SARA)						
	Proportion of newborn asphyxia managed according to national standards. **B: n/a T: 80%**	UDHS/HMIS Indicator to be included in 2015 HMIS					
	Proportion of children aged 12–23 months immunized with DPT3 **B: 93% T: 95%**	UDHS/HMIS					
	Percentage of children aged 12–23 months who are fully immunized **B: 52% T: 80%**	UDHS/HMIS					
	Proportion of children under age 1 immunized against measles **B: 86.5% T: 90%**	UDHS/HMIS					
	Proportion of children under 5 with fever treated with artemisinin combination therapy (ACT) **B: 58% T: 80%**	UDHS/HMIS					
	Proportion of pregnant women living with HIV who receive antiretroviral therapy (ART) to reduce new HIV	UDHS/HMIS	*HIV and AIDS* **Output 1.2.** By 2020, national capacity	Uganda Aids Commission Ministry of			

	infections in children and keep mothers alive **B:** 75% **T:** 95%		strengthened to improve quality, access and utilization of prevention of vertical transmission of HIV (preventing new infections in children and keeping mothers alive), paediatric, maternal and adolescent AIDS and TB care and treatment services.	Health Ministry of Education and Sports Bilateral and Multi-lateral Development Partner			
	Proportion of children born to women living with HIV tested for HIV within 6–8 weeks of birth, by sex **B:** 37% **T:** 80%	UDHS/HMIS					
	Proportion of adolescents and children living with HIV who need ART that are on ART (disaggregated for under two years, 10–19 and 0–14 years) **B**: <2 years 36% Age 0–14 years 28% Age 10–19 years 38% **T**: 90% across all age groups	UDHS/HMIS					
	Proportion and number of adolescent girls and boys (15–19 years old) who have been tested for HIV **B:** Number: 90,394; Proportion: 74% **T:** Number: 109,936; Proportion: 90%.	UDHS/MIS					
	Proportion of children exclusively breastfed **B:** 0–1 months: 82% 2–3 months: 69%	UDHS/HMIS	*Nutrition* **Output 1.3.** By 2020, multi-sectoral coordination and				

	4–5 months: 41% 0–5 months: 63% **T:** 80%		technical and functional capacity of partners strengthened to scale up and sustain high-impact child nutrition interventions, with a focus on the first 1,000 days of life, to reduce stunting and other forms of malnutrition.				
	Proportion of children aged 6–23 months receiving minimum acceptable diet **B**: 5.7% **T:** 40%; Proportion of children exclusively breastfed **B:** 0–1 months: 82%; 2–3 months: 69%; 4–5 months: 41%; 0–5 months: 63%. **T:** 80%	UDHS/HMIS		Office of the Prime Minister Ministry of Health Ministry of Education and Sports Ministry of Water and Environment Bilateral and Multi-lateral Development Partner			
	Proportion of children aged 6–59 months covered with 2 doses of vitamin A supplements **B:** 57% **T:** 90%	UDHS/HMIS					
	Proportion of people in rural settings with access to an improved drinking water source within 1 km **B**: 64% **T:** 79%	SPR/UDHS	*WASH* **Output 1.4.** By end-2020, sustained improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, including in schools and with particular attention to girls.	Ministry of Water and Environment Ministry of Health Ministry of Education and Sports Ministry of Local Government Faith-based			
	Proportion of people in rural settings with access to improved sanitation **B:** 17.4% **T:** 40%	SPR/UDHS					
	Proportion of people hand-washing with soap	SPR/UDHS					

	B: 32.8% **T:** 60% Pupil to latrine/toilet stance ratio in primary schools **B:** 70:1 **T:** 40:1			Organizations NGOs Bilateral and Multi-lateral Development Partner Private Sector	**19 088**		
2. By 2020, an effective and efficient well-resourced formal and non-formal quality education system that is inclusive, relevant and accessible to all boys and girls with increased school retention, completion and achievement rates.	Proportion of children aged 3–5 years enrolled in pre-primary education programmes. **B:** 23 4% (total); 22.5% (boys); 24.4% (girls) **T:** 50% (total); 50% (boys); 50% (girls)	UDHS/EMIS	*Early childhood development (ECD)* **Output 2.1.** By 2020, strengthened national capacity to coordinate, manage and scale up quality integrated early childhood care and development programmes, with a focus on the most deprived and vulnerable children.	Ministry of Education and Sports Ministry of Health Ministry of Gender, Labour and Social Development Ministry of Local Government Office of the Prime Minister UN Bilateral and Multi-lateral Development Partners Non-Governmental Organizations Faith-based		**50 966**	**70 054**
	Proportion of girls and boys aged 0–5 years accessing quality integrated ECD services through home- and community-based programmes that adhere to established norms and standards (National Early Learning Development Standards [NELDS]) **B:** 0–2 years: no data (baseline study to be conducted in 2015) **T:** 15%						

				Organizations			
	Retention rate at final year of primary school **B:** 32.1% (total); 32.3% (boys); 31.9% (girls); **T:** 50% (total); 50% (boys); 50% (girls)	EMIS	*Quality education* Output 2.2 By end-2020, enhanced national capacity to increase equitable access, quality and sustainability of primary education that is inclusive and innovative to impart relevant knowledge and skills	Ministry of Education and Sports Local Governments Bilateral and Multi-lateral Development Partner Non-Governmental Organizations			
	Learning outcomes at Primary 3 and Primary 6, in literacy and numeracy. P3 Literacy: **B:** 56.21%; **T**:67% P3 Numeracy: **B:** 69.8%; **T**: 75% P6 Literacy: **B:** 40.1%; **T:** 75% P6 Numeracy: **B:** 41.4%; **T:** 56% Number of children who are out of school: **B:** 663,000	EMIS					
	Proportion of adolescent girls and boys aged 15–19 years with the correct knowledge of HIV transmission Girls: **B:** 36% **T:** 80% Boys: **B:** 35% **T:** 80%	Surveys (endline)	*Adolescent development* **Output 2.3.** By 2020, improved access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, teenage	Ministry of Education and Sports Ministry of Health Ministry of Gender Labour			

3. A comprehensive and functional national and subnational system that prevents gender-based violence and violence against children and delivers quality and equitable response services to survivors and victims.	Proportion of girls aged 15–19 who have started childbearing **B:** 24% **T:** 14%	UDHS	pregnancy and violence.	and Social Development Justice, Law and Order Sectors Local Governments Non-Government Organizations Faith-based organizations			
	Proportion of women aged 20–24 years married by age 18 **B:** 39.7% (DHS 2011) **T:** 5%	UDHS					
	Proportion of girls aged 15–19 who have experienced sexual violence **B:** 18.9% **T:** 5% reduction per year	UDHS	*Child protection system* **Output 3.1.** By 2020, an integrated national child protection system that prevents and responds to violence, exploitation, abuse, discrimination and neglect and ensures the care of vulnerable children.	Ministry of Gender, Labor and Social Development Justice, Law and Order Sectors Uganda Police Force UN Local Governments Non-Government Organizations Faith-based organizations Bilateral and Multi-lateral	**14 597**	**22 425**	**37 022**

				Development Partner			
	Percentage of children in detention per 100,000 child population **B:** 41% (2013/14) **T:** 75%	JLOS Annual report JLOS APRensus 2014 UDHS	*Justice for children* **Output 3.2.** By 2020, a child-friendly and responsive justice system which (as an integral part of the child protection system) effectively and efficiently protects and serves all children, and operates in the best interest of children.	Justice, Law and Order Sectors Uganda Police Force			
	Proportion of boys and girls under 5 years of age whose births are registered and who have birth certificates **B:** 17% (2011) **T:** 80%	Census 2014 UDHS/Ministry of Finance sector reports	*Birth registration* **Output 3.3.** A comprehensive Birth and Death Registration system that will provide the necessary framework for the universal, continuous and free of charge birth registration of all children in Uganda.	Uganda Registration Service Bureau Local Government Ministry of Justice and Constitutional Affairs European Union/bilateral and multilateral development partners Non-Government Organizations Faith-based organizations			

4a. By 2020, improved equity-sensitive and child-friendly policies, programmes and budget allocations based on high-quality evidence and strengthened oversight.	Proportion of households receiving social assistance **B:** 4.5% **T:** 6%	UHS, KAP survey, sector annual reports, digital platforms (U-report; mTrac) Gender Labour and Social Development Report Social Protection Sector Review Report	*Evidence, budget, policy and institutional analyses* **Output 4a.i.** By 2020, Strengthened national capacity to provide robust and credible evidence, budget, policy and institutional analyses for children, focusing on reducing disparities and promoting social inclusion. *Child-sensitive and inclusive social protection* **Output 4a.ii.** By 2020, strengthened capacity to develop a child-sensitive and inclusive social protection policy framework and action plan to provide a comprehensive vision and commitment to the progressive realization of universal coverage of social protection. *Child rights governance* **Output 4a.iii.** By 2020, an enabling environment for child rights governance that includes building the capacity of national institutions and civil society to advocate	Ministry of Gender, Labour and Social Development Ministry of Finance, Planning and Economic Development National Planning Authority Uganda Bureau of Statistics National Council for Children Uganda Parliamentary Forum for Children Parliament Makerere University Economic Policy Research Center Media child/human rights	**8983**	**4077**	**13060**

			for children and advance child rights, while creatively designing avenues for children to participate in national policy discussions.	organizations Bilateral and Multi-lateral Development Partner UN agencies Private Sector			
4b. By 2020, a mass movement is generated to drive public action that accelerates the realization of the fundamental rights of children in Uganda, especially of the poorest and most deprived.	% of key stakeholders (citizens, corporations, CSOs, government entities) reached and engaged in taking action for Public Advocacy, Communication for Development and promote private sector partnerships as part of the *#InvestInUGchildren* campaign **B:**tbd **T:**		**Output 4b.i.** By 2020, public outreach and engagement to mobilize public advocacy for child rights is heightened through partnerships with traditional and new media. **Output 4b.ii.** By 2020, national capacity is strengthened to implement evidence-based and well-coordinated communication strategies to protect child rights through positive behaviour and social change. **Output 4b.iii.** By 2020, civil society is strengthened and coordinated to engage citizens including children to report on child rights violations and advocate for the protection of children's rights. **Output 4b.iv.** By end		**10 106**	**4 077**	**14 183**

			2020, Knowledge and capacity of companies to adopt the Child Rights and Business Principles are increased to better protect and promote child rights.				
Coordination, Planning, and Monitoring					**13 474**	**14 270**	**27 744**
Total resources					**112 284**	**203 865**	**316 149**

List of Acronyms

CSOs	Civil society organizations
DPs	Bilateral and Multilateral Bilateral and Multi-lateral Development Partners
ECD	Early Childhood Development
Edutrac	EduTrac is a mobile phone-based data collection system for the education sector
EMIS	Education Management Information System
FGM/C	Female Genital Mutilation/Cutting
HACT	Harmonized Approach to Cash Transfers
HMIS	Health Management Information System
IPA	Innovations for Poverty Actions
JLOS	Justice, Law and Order Sectors
KAP	Knowledge, attitude and practice (survey)
LGs	Local governments
MDGs	Millennium Development Goals
MoES	Ministry of Education and Sports
MoH	Ministry of Health

MoJCA	Ministry of Justice and Constitutional Affairs
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoLG	Ministry of Local Government
MoWE	Ministry of Water and Environment
Mtrac	Mtrac is a mobile phone-based data collection system for the health sector
NELDS	National Early Learning and Development Standards
NPA	National Planning Authority
NCC	National Council for Children
NHW/SNV	National Hand Washing Campaign Secretariat
NGOs	Non-governmental organizations
PCR	Polymerase Chain Reaction
RMNCH	Reproductive, maternal, newborn and child health
SPR	Sector Performance Reports
UAC	Uganda AIDS Commission
UBoS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UPFC	Uganda Parliamentary Forum for Children
U report	U report is an SMS-based platform that enables citizens to report on issues affecting their lives and communities as well as to obtain real-time information and feedback on new initiatives or campaigns
URSB	Uganda Registration Service Bureau
UNDAF	United Nations Development Assistance Framework
WASH	Water, sanitation and hygiene